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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>  |  | Attorney Docket No. 23957US25CONT<br>First Inventor or Application Identifier Johann J NEISZ<br>Title IMPLANTABLE ARTICLE AND METHOD   |  |
|  |  | Assignee Name: American Medical Systems<br>Assignee Address: 10700 Bren Road West<br>Minnetonka, Minnesota 55343   |  |
| <b>APPLICATION ELEMENTS</b><br><i>See MPEP chapter 600 concerning utility patent application contents</i>  |  | <b>ADDRESS TO:</b> Commissioner for Patents<br>Mail Stop Patent Application<br>Alexandria, Virginia 22313  |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)<br><small>(Submit an original and a duplicate for fee processing)</small>   |  | <b>ACCOMPANYING APPLICATION PARTS</b>  |  |
| 2. <input checked="" type="checkbox"/> Specification Total Sheets <span style="border: 1px solid black; padding: 2px;">67</span>   |  | 7. <input checked="" type="checkbox"/> Assignment Papers (filed in parent S.N. 09/917,562 on 07/27/01 at Reel/Frame: 012118/0635)  |  |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <span style="border: 1px solid black; padding: 2px;">61</span>  |  | 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |  |
| 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <span style="border: 1px solid black; padding: 2px;">3</span>   |  | 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)  |  |
| a. <input type="checkbox"/> Newly executed (original or copy)  |  | 10. <input type="checkbox"/> English Translation Document (if applicable)  |  |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d))<br><small>(for continuation/divisional with box 17 completed)</small>  |  | 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 (filed in parent S.N. 09/917,562 on 07/27/01)  |  |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>  |  | 12. <input checked="" type="checkbox"/> Preliminary Amendment  |  |
| 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  |  | 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard  |  |
| 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small>  |  | 14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small>   |  |
| a. <input type="checkbox"/> Computer Readable Form (CRF)   |  | 15. <input type="checkbox"/> Applicant claims small entity status.<br><small>See 37 CFR 1.27</small>   |  |
| b. Specification or Sequence Listing on :  |  | 16. <input checked="" type="checkbox"/> Other: Confirmation of Attorney and Correspondence Address<br><br><small>Revocation and New Appointment of Power of Attorney</small> |  |
| i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> Paper  |  |  |  |
| c. <input type="checkbox"/> Statements verifying identity of above copies  |  |  |  |
| 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:<br><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: 09/917,562<br>Prior application information: Examiner: Gilbert Group Art Unit: 3736  |  |  |  |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.      |  |  |  |
| 18. Amend the specification by inserting before the first line the sentence:<br><input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP)<br><small>of application Serial No. Filed on</small><br><input type="checkbox"/> This application claims priority of provisional application Serial No. Filed |  |  |  |
| <b>19. CORRESPONDENCE ADDRESS</b>  |  |  |  |
| <br>22850<br>(703) 413-3000<br>FACSIMILE: (703) 413-2220  |  |  |  |

|            |                      |                   |                      |
|------------|----------------------|-------------------|----------------------|
| Name:      | Charles L. Gholz     | Registration No.: | 26,395               |
| Signature: | <i>W. Todd Baker</i> | Date:             | <i>July 11, 2003</i> |
| Name:      | W. Todd Baker        | Registration No.: | 45,265               |

07/11/03



Docket No. 239575US25CONT

 19704 U.S. PTO  
 10/616925  

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Johann J NEISZ, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: IMPLANTABLE ARTICLE AND METHOD

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

| FOR  | NUMBER FILED | NUMBER EXTRA | RATE                        | CALCULATIONS |
|--|--------------|--------------|-----------------------------|--------------|
| TOTAL CLAIMS   | 30 - 20 =    | 10           | x \$18 =                    | \$180.00     |
| INDEPENDENT CLAIMS   | 1 - 3 =      | 0            | x \$84 =                    | \$0.00       |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)   |              |              | + \$280 =                   | \$0.00       |
| <input type="checkbox"/> LATE FILING OF DECLARATION                  |              |              | + \$130 =                   | \$0.00       |
|  |              |              | BASIC FEE                   | \$750.00     |
|  |              |              | TOTAL OF ABOVE CALCULATIONS | \$930.00     |
| <input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY |              |              |                             | \$0.00       |
| <input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE              |              |              | + \$130 =                   | \$0.00       |
| <input type="checkbox"/> RECORDATION OF ASSIGNMENT                   |              |              | + \$40 =                    | \$0.00       |
|  |              |              | TOTAL                       | \$930.00     |

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- A check in the amount of **\$930.00** to cover the filing fee is enclosed.
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.Date: 07/09/03

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